SIRTH NO.  REG. DIST. NO.  PRIMARY REG. DIST. NO.  PRI	FILED MAY	27 195 <b>7</b>	THE DIVISION STANDARD				'5/ U	1//42
a. COUNTY KNOX  b. CITY (If outside corporate limite, write RURAL and give towards)  b. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  d. FULL NAME OF (If and is hospital or insulated)  c. CITY (If outside corporate limite, write RURAL and give towards)  d. FULL NAME OF (If and is hospital or insulated)  c. CITY (If outside corporate limite, write RURAL and give towards)  d. FULL NAME OF (If and is hospital or insulated)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give towards)  c. CITY (If outside corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to contain and corporate limite, write RURAL and give to				• / -		مواد	. /	
OF TOWN Edina  OF FULL NAME OF It as in beeptal or lasticution, size stress address or leasthopt (Town Most That). OR Gibson Hospital & Clinic  OF TOWN Edina  OF Town Edin	I. PLACE OF DE				2. USUAL F a. STATE		(Where decosed fived. b. COUNT	If institution: residence Knox
NATIFICIAL OR   ADDRESS   ACCUPATION   Globs on Hospital & Clinic   ADDRESS   ADDRES	OR TRA	4	URAL and give c. Li township) STAY	ENGTH OF	l Op	Edina		d. Is Residence within limits of a city or accorporated town?
DECEASED  (Type or Print)  (Type or Brant)  (Type or Brant)  (Type or Print)  (Type or Brant)  (Type or Print)  (Type or Brant)  (Type or Bran	d. FULL NAME OF HOSPITAL OR INSTITUTION					(If rural	l, give location)	050
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, MOUNTED (Goodly)   1. Mark   1.			_ '	•	•			
10a. USUAL OCCUPATION (Give kind of work one does done and one of work of the deed done and one of work of the deed done of the deed of th	/ / /	l	7. MARRIED, NEVER M WIDOWED, DIVORCE MATTIED	AARRIED, / ED (Specify)			9. AGE (In years last birthday)	
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   18. CAUSE OF DEATH   18. CAUSE OF	done during most of work	ing life, eyen if retired)	10b. KIND OF BUSINE	SS OR IN-	L	(City and St		v) C 12 CITIZEN OF W COUNTRY? USA
IS WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  **This does not mean the mode of dying, such as heart fellure, athenia, itc. It means the dis- care, injury, or compilica- tion which caused death.  19. DATE OF OPERA- TION  21a. ACCIDENT HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE LITTURE LITTUR	13a. FATHER'S NAME	;	13b. MOTHER			14. NA		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the discast fighty, such as heart failure, as them is the discast, fighty, or complication which caused death.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  III. OTHER SIGNIFICANT CONDITION  DUE TO (c)  10. OTHER SIGNIFICANT CONDITION  110. OTHER SIGNIFICANT CONDITION  121. ACCIDENT  SUICIDE  HOMICIDE  121. ACCIDENT  SUICIDE  HOMICIDE  121. ACCIDENT  SUICIDE  WHILE  MORK  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  (a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  10. OTHER SIGNIFICANT CONDITION  110. OTHER SIGNIFICANT CONDITION  121. OTHER SIGNIFICANT CONDITION  122. AUTOPS  VES  123. ACCIDENT  SUICIDE  WHILE  MORK	15. WAS DECEASED EV	ER IN U.S. ARMED F	ORCES?   16SOCIAL	SECURITY	17. INFORM		ATURE OR NAM	E ADDRES
**This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  **DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Ornalitions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Brockly) SID. PLACE OF INJURY (s.e., in or about SUICIDE HOMICIDE (Monta) (Day) (Year) (Hour) Side bidg., sec.)  HOMICIDE (Monta) (Day) (Year) (Hour) Side bidg., sec.)  21d. TIME (Monta) (Day) (Year) (Hour) Side bidg., sec.)  WHILE AT MOT WHILE MORK (Monta) (Day) (Year) (Hour) Side bidg., sec.)  12d. SIGNATURE (Specify) Signature (Speci	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	, M		<u> </u>		-	INTERVAL BETW ONSET AND DEA
related to the direase or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Boedly) 21b. PLACE OF INJURY (a.g., in or about blome, farm, factory, street, office bldg., etc.)  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED of INJURY OCCURRED of INJURY  22d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED of INJURY OCCUR?  22d. I hereby certify that I attended the deceased from 1 m. Work at work at work of Injury occurred at 1 m., from the causes and on the date stated above.  23e. SIGNATURE (Degree of title) 23b. ADDRESS  23c. DATE SIGNATURE (Degree of title) 25b. ADDRESS  23c. DATE SIGNATURE (Signature) 3c. Funeral (Degree of Signature)	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid conditions rise to the above ca the underlying cau	, if any, giving DUE TO use (a) stating se last.  DUE TO ICANT CONDITIONS		Burn	<u> </u>		
21a. ACCIDENT SUICIDE HOMICIDE OF INJURY	19a. DATE OF OPERA- TION	related to the diseas	e or condition causing dea	th.			16	20. AUTOPSY?
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. How DID INJURY OCCUR?  WHILE AT WORK 21f. How DID INJURY OCCUR?  WORK AT WORK 21f. How DID INJURY OCCUR?  WHILE AT WORK 21f. HOW DID I	21a. ACCIDENT SUICIDE HOMICIDE	-//			21c. (CITY, TO	WN. OR TOWNSH	IP) (COUN	
alive on 72 , 1967, and that death occurred at 72 m., from the causes and on the date stated above.  23a. SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  24d. LOCATION (City, town, or county)  25. FUNERAL OBJECTOR'S SIGNATURE  25. FUNERAL OBJECTOR'S SIGNATURE  25. FUNERAL OBJECTOR'S SIGNATURE  26. DATE SIGNATURE  26. DATE SIGNATURE  27. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL OBJECTOR'S SIGNATURE  26. DATE SIGNATURE  26. DATE SIGNATURE  27. DATE SIGNATURE  28. DATE SIGNATURE  29. DATE SIGNATURE	OF ·		WHILEAT TO N	OT WHILE	An. HOW DID	NURY OCCURT	I fine.	
23a. SIGNATURE  23a. BURIAL, CREMA  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  1 (St. DATE SIGNATURE)  25c. DATE SIGNATURE  26c. DATE	17	that I attended the	re deceased from <b>5</b> , and that death of	curred at				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIFFERENCE S SIGNATURE APPRESS	23a. SIGNATURE	in		reer title)	23b. ADDRESS	ra B	4	23c. DATE SIGN
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIFFERENCE S SIGNATURE APPRESS	24a, BURIAL, CREM. TION, REMOVAL (Special DUTIAL	24b. DATE 22 May			rairie	Sout	th of Ple	vna, Mo.
	DATE REC'D BY LOCA	L REGISTRAR'S S	IGNATURE L. Huns	old	25. FUNERAL	HILA	SI GHATURE	Edina M

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	pasque is recorded	on the reverse	side of this certif	licate was embal
I hereby certify that the body whose	Times	•	<b>.</b>	541
by sae; or by	1.27		, Student Embain	ier NoX
	₹	•		•

working under my personal supervision..

a el

Signature of Student Embelmer

Signed MM L. W. Fludson

P. O. Address Edwing.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failute to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.